

# POOL STAFF APPLICATION

## VILLAGE OF BUCHANAN



MUNICIPAL BUILDING, BUCHANAN, N.Y. 10511-1298

914.293.8391

[recreationdept@buchananny.gov](mailto:recreationdept@buchananny.gov)

Date: \_\_\_\_\_ Position applying for: \_\_\_\_\_

**\*\*Print clearly & fill out completely!\*\***

Answer each question completely, leaving non-applicable spaces blank.

Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Your cell phone number: \_\_\_\_\_ Home number: \_\_\_\_\_

Your e-mail: \_\_\_\_\_ If under 18 Parent's email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: (m/d/year) \_\_\_\_\_ Age as of June 30<sup>th</sup> 2025 \_\_\_\_\_

Grade ENTERING in the fall: \_\_\_\_\_ Do you have a driver's license? \_\_\_\_\_

Do you have any physical, medical or emotional attributes which may prevent or limit your participation in vigorous physical activities? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

What ages have you worked in a leadership capacity?

Pre-School \_\_\_\_\_ Elementary \_\_\_\_\_ Middle School \_\_\_\_\_

High School \_\_\_\_\_ Adult \_\_\_\_\_ Senior Citizen \_\_\_\_\_

**On a separate piece of paper, list ALL certifications you have, be sure to include when you received it, the expiration date AND who certified you. \*\*ACCORDING TO THE BOARD OF HEALTH, CPR IS ONLY GOOD FOR ONE YEAR AND MUST BE RETAKEN EVERY YEAR. \*\*ATTACH A COPY OF ALL YOUR CERTIFICATION WITH THIS APPLICATION\*\***

**List all experience that relates to position sought:**

**Job title:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Employer's address:** \_\_\_\_\_

**Employer's phone number:** \_\_\_\_\_

**Dates worked for this Employer:** \_\_\_\_\_

**If more space is needed, attach a separate sheet with information on it.**

**Have you ever been employed by the Village of Buchanan?**

**If so, when:** \_\_\_\_\_

**Have 2 people email me a letter of reference for you. Ask either a teacher, coach or other person who knows you well, (NO relatives/friends). They must write the letter and reference to [recreationdept@buchanny.gov](mailto:recreationdept@buchanny.gov)**

**List Name, Address and Phone number.**

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**\*\*ATTACH A COPY OF ALL YOUR CERTIFICATION WITH THIS APPLICATION\*\***

**ALL INFORMATION PRESENTED HERE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We are an Equal Opportunity Employer. We consider all applications for all positions without regard to race, religion, color, gender, age, national origin, physical or mental disability, marital status, veteran status, genetic disposition, sexual orientation or any other legal protected status. This application for employment will be considered active for a period of time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time should reapply by completing another employment application.